

Arkansas Early Childhood Comprehensive Systems Initiative

JOINT MEETING: MEDICAL HOME AND SOCIAL-EMOTIONAL HEALTH WORK GROUPS

September 13, 2005, 2:30 - 5 p.m.

Members Present: Gil Buchanan, Jannie Cotton, Megan Coyle (substituting for Sherrill Archer), Deborah Gangluff, Mary A. Gupton, Martha Hiatt, Frances Lawson, Carol A. Lee, Martha Reeder, Rhonda Sanders, Kathy Stegall, Dan Sullivan, Ratha Tracy, and Paula C. Watson.

Regrets: Patti Bokony, Rachel Bowman, Laura Butler, Stevie Cherepski, Richard Hill, Tabitha Kinggard, Lynn Lincoln, Ann Patterson.

Resigned from Committee: John Allen.

Meeting chaired by Bruce Cohen. - Self-introductions were made by those in attendance.

Agenda Item #1: Updates by Martha Reeder

Discussion: Martha Reeder provided written updates on the ECE Tiers QRS Sub-Group Progress and the SFI Network/Promising Practice Programs.

ECE Tiers. Additional handouts were available related to the subject matter. The Joint Group was encouraged to review the handouts carefully.

Martha reminded the group that all documents for the QRS sub-group are available on the website: www.arkansas.gov/childcare/grs.htm. This group will not come up with the final plan; it will make recommendations to the full committee. With each decision there is an assignment of background information. Sometimes there is specific research that will be considered in the process.

The sub-group continues to utilize Stair Steps to Quality (A Guide for States and Communities Developing Quality Rating Systems for Early Care and Education) by Anne W. Mitchell. Some recommendations have been sent to the sub-group by others, such as the Zero to Three Committee.

The sub-group has voted for five (5) tiers with Licensing as the first tier. They have also adopted a building block approach—requirements that one tier must be satisfied before moving on to the next tier. There is discussion that certain elements will be mandated on each level and some within each level might be optional.

Strengthening Families Initiative. Please review the SFI handouts for in-depth information. Six programs were chosen as Promising Practice Programs. There are a variety of types of programs in a variety of settings. There have already been two conference calls.

Agenda Item #1, Continued: Updates by Martha Reeder

Discussion: Any programs that meet the basic requirements are eligible to participate in the SFI Network. Included in the handouts is information providing the names of all the programs currently related to the Network.

The first big event is scheduled for October 13, a pre-conference day at the AECA conference. During this time together, the plan is to focus on the program self-assessment. A lot of the work is driven by self-assessment. The first part of the self-assessment the Network will work through relates to valuing and supporting parents.

Members of the AECCA Work Groups are invited to be human resources to help facilitate the work with the programs. If you would like to participate in the conference call, this can be arranged if you notify the office ahead of time. If members have any connection with a particular program (center) you may be able to identify ways to help.

Challenges. Child Care Health Consultants are the main challenge for this group. An approach that Georgia is taking might be feasible in Arkansas. The regional administrative public health nurses are trained as Child Care Health Consultants, then return to Georgia to train the nurses in their regions. The trained public health nurses then contract with local child care settings to provide consultation services.

The question was asked: Does WIC have nurses? It is possible that some parts of WIC could also support Child Health Care Consultants.

AECCS Grant. Martha announced that she received today the comments from the review committee related to the AECCS re-application. She noted that the concerns expressed indicated that the list of strengths was much larger than the list of weaknesses. This will be helpful as we move to the next stage.

Reminder: The final plan must be completed by March 2006. Everything will have to be incorporated by then. A timetable should be established in order to complete the plan.

Agenda Item #2: Merging/Integrating MH and SEH Quality Indicators

Discussion: Bruce announced that he combined the Medical Home information and the Social-Emotional Health Grid into one documents. He saw a lot of overlap and decided to merge the two documents together. The SEH information is in Black. The Medical Home information is in Blue. SEH priority items are listed in Red. The MH information is not prioritized.

Comments and discussion included: The basic agreement is that Licensing is the first tier. You can propose that this be changed if you want to add something. Whatever is proposed, this group will need to bear some of the responsibility to make sure the proposals are helpful to providers and meet the four criteria established from the beginning of the process. The system should be simple, valid, realistic, and efficient. There are many conferences around the state that can help to educate people on the Medical Home. Child care health consultants might satisfy some of the training. At the training that new staff attend, we could request that at least one hour of training be related to medical home and social-emotional health issues.

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Agenda Item #2, Continued: Merging/Integrating MH and SEH Quality Indicators

Discussion: It was suggested that items be written in a positive manner. There must be resources to make recommendations happen.

Martha suggested that the joint group go on the web site and see how other states have covered various issues. She indicated that Pennsylvania has the most detailed plan.

The Medical Home group needs to prioritize their recommendations. When the minutes are sent out, an electronic version of the recommendations will be included. Each person is asked to review and send back the information as soon as possible.

If it is known that children have medical insurance, it could help one to know the possibility of whether a child will receive medical care.

Physically healthy environments should be at tier one. Certain basics are in the standards. The standards are open for interpretation. Buildings are not denied just because they are old. There will be a level of safety in minimum licensing.

Plans include utilizing the environmental rating scale to provide a baseline. Some of the levels will be obtained through documentation. When the baseline is procured through the rating scale, there is a pathway to address the needs. The Medical Home recommendations need to specify matters related to screening and primary care.

If a program is required to complete some type of self-assessment, then the group must develop the self-assessment document.

The purpose of the October meeting should be to flesh out priorities and refine the language of the joint grid.

Agenda Item #3: Next Meeting Date and Adjournment

Next meeting date: Thursday, October 20, 2005, at 2 p.m. at Freeway Medical Center.

There being no further business, the meeting was adjourned.

RESULTING TASKS AND ASSIGNMENTS:

- ? The Medical Home group needs to prioritize their proposed recommendations based on importance.
- ? Each person is asked to review the minutes and send back suggested changes in the joint grid as soon as possible.